

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON

MEMORY INTEGRITY LLC, a  
Delaware corporation

**Plaintiff(s),**

**v.**

INTEL CORPORATION

**Defendant(s).**

Civil Case No. 3:15-cv-00262-SI

APPLICATION FOR SPECIAL  
ADMISSION – *PRO HAC VICE*

Attorney Caryn L. Cross requests special admission *pro hac vice* in  
the above-captioned case.

**Certification of Attorney Seeking *Pro Hac Vice* Admission:** I have read and understand the  
requirements of LR 83-3, and certify that the following information is correct:

**(1) PERSONAL DATA:**

Name: Cross Caryn L  
(Last Name) (First Name) (MI) (Suffix)  
Firm or Business Affiliation: Farney Daniels PC  
Mailing Address: 98 Rockwell Place, 2nd Floor  
City: Brooklyn State: NY Zip: 11217  
Phone Number: 718-362-1650 Fax Number: 718-362-1671  
Business E-mail Address: ccross@farneydaniels.com

**(2) BAR ADMISSIONS INFORMATION:**

- (a) State bar admission(s), date(s) of admission, and bar ID number(s):  
New York, 5/7/2008, NY State Bar No. 4546966

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- (b) Other federal court admission(s), date(s) of admission, and bar ID number(s):  
Southern District of New York, 7/21/2009, Bar No. CC0920

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**(3) CERTIFICATION OF DISCIPLINARY ACTIONS:**

- (a) ☒ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or
- (b) ☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

**(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:**

I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including any appeal proceedings.

**(5) REPRESENTATION STATEMENT:**

I am representing the following party(s) in this case:  
Memory Integrity LLC

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**(6) CM/ECF REGISTRATION:**

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at [ord.uscourts.gov](http://ord.uscourts.gov)), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

**DATED** this 4th day of April, 2016



(Signature of Pro Hac Counsel)

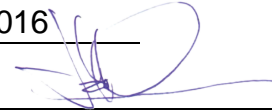
**Caryn L. Cross**

(Typed Name)

**CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:**

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

**DATED** this 4th day of April, 2016



(Signature of Local Counsel)

Name: Mansfield John    
(Last Name) (First Name) (MI) (Suffix)

Oregon State Bar Number: 055390

Firm or Business Affiliation: Mansfield Law

Mailing Address: 121 SW Morrison Avenue, Suite 400

City: Portland State: OR Zip: 97204

Phone Number: 971-271-8615 Business E-mail Address: john@mansfieldlaw.net

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**COURT ACTION**


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- ☐ Application approved subject to payment of fees.  
☐ Application denied.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Judge